

Request for Applications

RFA Number 1207271020

**New York State
Department of Health
Office of Health Systems Management
Division of Health Facility Planning
Charles D. Cook Office of Rural Health**

Request for Applications

Rural Health Network Development Program

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Letter of Interest	November 30, 2012
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I. Introduction

The New York State Department of Health announces the availability of \$6,400,000 annually for up to five years for the Rural Health Network Development Program. Applications with budgets that exceed \$300,000 will not be accepted.

A. Description of Program

The Rural Health Network Development Program seeks to improve the health of New York's rural communities by providing support for rural providers to improve access to care, enhance coordination of services, increase efficiency of service delivery, and introduce needed community services through the formation and operation of rural health networks.

A rural health network is an affiliation of health care providers serving a rural area, according to a contract, joint or cooperative agreement, or organized under the not-for-profit corporation law. Participants may include health care providers and organizations, consumers, local businesses and government organizations who work together to develop comprehensive, cost-effective health care systems serving rural areas. A network provides or arranges health care and/or administrative services for residents of a rural area according to a Network Plan.

A Network Plan identifies network members and indicates how the network will respond to the health care needs of the rural area, improve access to and the quality of care for residents of the community, promote the coordination of resources among providers and reduce duplication of services while achieving cost and other operational efficiencies.

B. Background and Intent

There are many challenges to sustaining health care systems and services in rural New York State so that residents may have access to high quality health care services. In recognition of these challenges, the New York State Department of Health provides support for the Rural Health Network Development Program. The need for cooperative and collaborative efforts among rural health providers is critical to ensure access to essential services and to preserve the stability and viability of rural communities.

The goal of the Rural Health Network Development Program is to improve the health of New Yorkers living in rural areas of the State by supporting the coordination, development, planning, implementation, and operation of rural health networks. Funding is used to:

- Maintain and increase access to quality health care through the development of local health systems.

- Encourage innovative, locally developed solutions to communities' health care issues.
- Foster collaboration, reduce duplication, and achieve economies of scale.

The objectives of the Rural Health Network Development Grant Program are to:

- develop comprehensive, cost-effective health care systems serving rural areas;
- increase access to health care services;
- increase and strengthen cooperation through affiliations that enhance and coordinate the array of needed health care services in rural areas;
- improve the financial viability of rural health care providers in the existing health care economy;
- increase community involvement and locally-generated, innovative solutions to health systems issues in rural areas;
- increase the numbers of health care personnel trained and practicing in rural communities;
- strengthen the accountability of local providers for improvements in key public health and/or health care outcomes in the communities they serve;
- improve the economic position of the local community; and
- fill gaps in service delivery.

II. Who May Apply

A. Minimum Eligibility Requirements

Applicants must meet all of the following minimum eligibility requirements. Those that do not meet all requirements will not be considered for funding.

- **Applicants must either be a rural health network, be a member of a rural health network or be planning to form a rural health network during the contract period that serves residents of a New York State rural area.** Eligible areas are listed in Attachment 12.
- **Applicants must be not-for-profit organizations.**
- **The network must include providers from the rural service area.**

There is no limit on the number of applications that may be submitted by one organization. However, currently funded networks that are proposing to consolidate services with other networks must describe the savings and cost efficiencies that will be obtained through the consolidation. This must be done in the Network Organization section of the application.

B. Preferred Eligibility Requirements

Networks most likely to achieve success in achieving the objectives of the program have an increased level of commitment from their members, are representative of the health care providers in their communities, and are focused on the integration of multiple types of providers and services. Preference will be given to networks that exhibit each of these characteristics, which could be demonstrated by:

1. Formal agreements among the members. Applicants should provide copies of the agreements that members sign when joining the network. These agreements should be dated January 1, 2012 or after.
2. Governance by a Board of Directors that is representative of its network members and the community that is being served. Applicants should provide a list of the members of the Board of Directors that includes information regarding their network affiliation and roles and responsibilities.
3. Networks focusing on the consolidation or integration of services, which may be shown through a membership list and list of objectives.

Applicants that exhibit these characteristics will be given 5 preference points for each category. Instruction for requesting preference points are included in the Application Content section of this RFA.

III. Project Narrative/Work Plan Outcomes

A. Expectations of Project

Since the inception of the rural health network program in 1988, the State has supported network development and operation for more than 45 grantees. Given that the program is intended to support collaboration and efficiencies and reduce duplication, priority will be given to successful and experienced networks proposing operational projects.

Consideration will be given to planning, developmental and organizational applications from networks to the extent that they are proposing new projects that address an unmet need and are proposing to establish a network that has formal agreements among its members, by-laws, and organizational structure and processes.

Rural Health Networks are encouraged to develop solutions to their communities' health care needs and to include all health care providers in their service area in their activities. When appropriate, networks should assist providers to develop solutions so that the care may be delivered locally. Consideration will be given to activities designed to meet specific public health needs if they are clearly demonstrated to be of importance to the applicant's community.

While the Rural Health Network Development Program does not support the provision of health care services, activities that facilitate partnerships to address community needs will be considered. The need for the services and the activities of the partnership should be clearly described.

It is not intended that the Rural Health Network Development Program will fund continuing services or activities indefinitely, but rather that networks will identify and implement a solution to a community health need with a defined timeline and sustainability plan. Applicants must demonstrate that their proposed goals and objectives are not duplicative of existing organizations in their service areas.

There are several state and federal initiatives that are currently either being implemented or are under development. Each of these initiatives is designed to increase quality, decrease costs, improve health, and provide appropriate access to services for all communities. Networks are expected to include objectives that address these initiatives in their work plans. Objectives and activities that are not consistent with one or more of the following initiatives will not be considered.

B. State and Federal Health Care Reform

Integral to state and federal health care reform is the Institute for Healthcare Improvement's (IHI) Triple Aim Initiative, which seeks to improve health system performance by addressing three dimensions:

- Improving the patient experience of care, including quality and satisfaction;
- Improving the health of populations; and
- Reducing the per capita cost of health care.

These principles are key components in New York's Medicaid Redesign Team Waiver Amendment request, which addresses the following and will be implemented in conjunction with the Affordable Care Act.

- primary care expansion;
- health home development fund;
- new care models;
- expanding the Vital Access Provider and Safety Net Provider Programs;
- public hospital innovation;
- Medicaid supportive housing expansion;
- long term care transformation and managed care integration;
- capital stabilization for safety net hospitals;
- hospital transition;
- health workforce;
- public health innovation;
- regional health planning.

Networks are an important resource for their communities as health care reform initiatives are executed and should seek to implement, or plan to implement, activities that are consistent with the goals of the Triple Aim, the MRT Waiver, and the Affordable Care Act to maximize access to services and health system performance in their service areas.

More information regarding the Triple Aim may be found at:
<http://www.ihl.org/offerings/initiatives/tripleaim/pages/default.aspx>

More information regarding the MRT Waiver Amendment may be found at:
http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08-06_waiver_amendment_request.pdf

More information regarding the Affordable Care Act may be found at:
<http://www.healthcare.gov/law/index.html>

Specific information regarding the impact of health reform on rural communities may be found at:
<http://www.public-health.uiowa.edu/rupri/>

C. New York State Health Improvement Plan

The New York State Department of Health is currently developing the state's next five year state health improvement plan, which will cover the period from 2013 to 2017. Five priority areas have been developed and will be the focus of the plan.

The five priority health areas are as follows:

- Prevent Chronic Diseases: Focus on heart disease, cancer, respiratory disease, and diabetes and the shared risk factors of diet, exercise, tobacco, alcohol and associated obesity.
- Promote a Healthy and Safe Environment: Focus on environmental quality (air, water, etc.) and the physical environment where people live, work, play and learn.
- Promote Healthy Women, Infants and Children: Focus on improving the health of women and mothers, birth outcomes and child health, including oral health.
- Promote Mental Health and Prevent Substance Abuse: Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.
- Prevent HIV, STIs and Vaccine Preventable Diseases: focus on preventing HIV, sexually transmitted infections and vaccine preventable diseases via immunization.

The State Health Improvement Plan encourages local health departments to formally collaborate with the hospitals and other providers to assess community health needs, identify health priorities and develop public health programs to meet needs. Rural Health Networks are strongly encouraged to work with their local health departments, hospitals,

and other health care stakeholders to pursue their community's priorities within the context of the State Health Improvement Plan.

More information regarding the State Health Improvement Plan may be found at: http://www.health.ny.gov/prevention/prevention_agenda/health_improvement_plan/index.htm.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYS Department of Health, Office of Health Systems Management, Division of Health Facility Planning, Charles D. Cook Office of Rural Health. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase:

All substantive questions must be submitted in writing to:

Karen A. Madden
Director
Charles D. Cook Office of Rural Health
Corning Tower Room 1839
Albany, NY 12237
E-mail: orh@health.state.ny.us

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until **November 26, 2012**.

Questions of a technical nature can be addressed in writing via email or by telephoning the Office of Rural Health using the information in paragraph B above. Questions are of a technical nature if they are limited to **how** to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on the Department's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

If prospective applicants would like to receive notification when updates/modifications are posted, including responses to written questions, please complete and submit a letter of interest as shown in Attachment 2.

Submission of a letter of interest is not a requirement for submitting an application.

C. Applicant Conference

An Applicant Conference will not be held.

D. How to File an Application

Applications must be **received** at the following address by 4:00 p.m. on **January 11, 2013**. Late applications will not be accepted.

**Charles D. Cook Office of Rural Health
Corning Tower Room 1839
Albany, NY 12237**

Applicants shall submit 1 original, signed application and 4 copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications will not be accepted via fax or e-mail.

It is the applicant's responsibility to ensure that applications are delivered to Corning Tower, Room 1839 prior to the date and time specified above. Late applications due to a documentable delay by the carrier or not received in the Department's mailroom in time for transmission to the Corning Tower, Room 1839, may be considered at the Department of Health's discretion.

Eligible applicants must submit one complete original and signed application, along with four hard copies of the application and one copy on a separate flash drive. The electronic copy of the application submitted on the flash drive must include a complete copy of the application, readable in Adobe's .pdf format. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document.

Submission of a Letter of Interest is encouraged, although not mandatory. The Letter of Interest must be received by **November 30, 2012** at the address shown in paragraph B above in order to automatically receive written responses to questions and to receive any update or modifications to this RFA. Letters may be submitted via email. Failure to submit a Letter of Interest will not preclude the submission of an application. A sample Letter of Interest format is included as Attachment 2 to this RFA.

E. The Department of Health Reserves the Right To:

- Reject any or all applications received in response to this RFA.
- Withdraw the RFA at any time, at the Department's sole discretion.
- Make an award under the RFA in whole or in part.
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
- Seek clarifications and revisions of applications.
- Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
- Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
- Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
- Change any of the scheduled dates.
- Waive any requirements that are not material.
- Award more than one contract resulting from this RFA.
- Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
- Utilize any and all ideas submitted with the applications received.
- Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
- Waive or modify minor irregularities in applications received after prior notification to the applicant.
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an

offerer's compliance with the requirements of the RFA.

- Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
- Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
- Award grants based on geographic or regional considerations to serve the best interests of the state.

F. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: April 1, 2013 – March 31, 2018.

G. Payment & Reporting Requirements

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25 percent.
2. The grant contractor will be required to submit quarterly vouchers and required reports of expenditures to the State's designated payment office:

Charles D. Cook Office of Rural Health
NYS Department of Health
Corning Tower Room 1839
Albany, NY 12237

Grant contractors shall provide complete and accurate billing vouchers to the Department's designated payment office in order to receive payment. Billing vouchers submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any

vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The grant contractor will be required to submit the following periodic reports:

Quarterly Progress Reports

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

H. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

http://www.osc.state.ny.us/vendors/substitute_formw9.pdf

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

I. Vendor Responsibility Questionnaire

New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at

www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user

assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Office of the State Comptroller Help Desk for a copy of the paper form.

J. General Specifications

1. By signing the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgment of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

K. Appendices

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A	Standard Clauses for All New York State Contracts
APPENDIX A-1	Agency Specific Clauses
APPENDIX B	Budget
APPENDIX C	Payment and Reporting Schedule
APPENDIX D	Workplan
APPENDIX H	Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement.
APPENDIX M	Multi-year Contract Language.
APPENDIX E -	Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** – Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Cover is Not Required; OR
- **C-105.2** - Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** - Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** – Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Cover is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR the **DB-820/829** Certificate/Cancellation of Insurance; OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of the contracting process should your agency receive an award.

V. Completing the Application

A. Application Content

Applicants are required to submit a Network Plan that includes their network goals and objectives as well as all other required information listed below. The Network Plan is comprised of sections 1 through 8 below and will serve as the application for the Rural Health Network Development Grant.

1. Program Summary (1 page)

Provide a summary that describes the scope of the proposed project, including the specific functions the network will perform, the general service area, the community health care needs that will be addressed by the project, a general description of the project's objectives and activities, and expected project outcomes. Indicate how this project will result in an enhanced rural health care delivery system consistent with the goals and objectives of this program.

2. Service Area Description (2 pages)

Define the network's service area geographically based on such groupings as existing provider service areas, geographic barriers, or local government boundaries. A map of the service area should be included as an attachment showing exact locations of all service delivery and provider sites.

Describe and document the service area's population and particular health care needs and system problems that will be addressed by the network. This discussion of community needs and system issues should include references to existing local health plans such as municipal public health services plan or hospital community service plans.

Describe the current delivery system, utilization patterns within the proposed service area and the system's inefficiencies and gaps.

3. Network Organization (2 pages)

Mission: Describe the purpose of the network.

Organizational Structure: Describe the network's an organizational, governance structure, and decision-making process for the network. Identify the network's operating policies and procedures or how they will be developed. Documents such as articles of incorporation, organizational chart, and/or policies and procedures may be included as attachments.

Participants: Identify network participants. Include, as an attachment, a participant list with names, titles, and affiliations. Describe the history of service coordination and collaboration among network participants.

Planning: Describe the network's community health planning process. Include a description of the process to identify network goals and priorities. This section should include a description of how consumers and providers within the area served are made aware of and have an effective opportunity to provide input in the network's planning process.

4. Work Plan Narrative (4 pages)

This section should focus on what the network will do and why. Networks should address a specific health systems issues and health care problems in their communities. Applicants must demonstrate why the network is the appropriate entity to successfully address the issue by describing the importance of the issue to the community and the ability of the network to address the issue.

The Work Plan Narrative must also:

Describe the network's measurable objectives and activities. Objectives should be consistent with both program goals and the network's mission. Specific benefits to providers and the community should be discussed for each objective.

Describe the process measure expected for each activity. Process measures are measures of performance and should provide feedback that can be acted upon midstream. Process measures show the progress of an activity.

Describe the outcome measures for each objective. Outcome measures indicate whether completed activities affected the objective. In most cases, outcome measure should be quantitative. Outcomes that are qualitative should be justified.

Describe how the objective is consistent with state and/or national health care initiatives including the Triple Aim, Medicaid Redesign Team Waiver Amendment, State Health Improvement Plan, and Affordable Care Act Planning and Implementation.

The following are examples of activities that may be pursued.

- Achieving formal affiliations among local health care providers.
- Implementing activities that are consistent with the IHI Triple Aim.
- Implementing activities that are consistent with the MRT Waiver Amendment.
- Implementing activities to assist providers in implementing the Affordable Care Act.
- Working with regional health planning organizations, hospitals, and local health departments on community health priorities.
- Increasing efficiency and reducing duplication through joint efforts in purchasing, recruitment, data collection and interpretation, community and public relations, and strategic planning.
- Increasing local health system capacity through recruitment and retention initiatives, including continuing education, especially those that compliment or link with Area Health Education Centers (AHEC).
- Integrating behavioral health services with other community providers,
- Integrating pre-hospital and emergency medical services with other providers.
- Coordinating local care management.
- Linking health care and public health systems.
- Improving data collection/data sharing among local providers for the purposes of enhancing the local continuum of health care service delivery.
- Implementing of telehealth services across network members.
- Developing performance improvement programs, quality measurement and reporting, providing information to consumers on the availability of services, treatment options, and the quality of care of local health care providers.
- Strategic business planning to ensure sustainability.
- Joint purchasing.
- Shared staffing.

Work Plan Forms

Applicants should use the work plan format provided in Attachment 8 to describe network objectives, activities, expected time of completion, responsible party, process measures, and outcome measures. Time frames should be discussed using months.

Multiple copies of the work plan forms may be made depending on the number of project objectives. Work plan forms do not count towards the total number of pages.

5. Project Management (1 page)

Identify the project manager by name and title and describe his/her proposed responsibilities. Provide evidence that this individual has the commitment, experience, and skills to succeed.

Identify a management team by name and title and describe the proposed responsibilities of each team member. Explain how the team will complement the project manager's skills to ensure that organizational strengths are employed to the fullest extent.

6. Project Continuation (1 page)

Describe the plan for assuring continuing financial viability of the project after grant support terminates.

Explain how the network can assure continuation and success beyond the proposed funding period.

Activities that provide a needed service should be time limited and a sustainability plan should be built in the project design. These plans should be discussed in this section.

7. Budget/Use of Grant Funds (4 pages)

Applications with budgets that exceed \$300,000 will not be accepted.

Budgets should be fiscally and programmatically sound. Requests should be consistent with the proposed scope of services, reasonable and cost effective. Budgets must relate directly to activities described in the project narrative and work plan. Only administrative costs directly related to the project activities will be considered for funding. No direct health care services will be funded by this program. Indirect costs are not allowed. **Applicants should complete the budget forms provided in Attachment 6.** The budget includes two forms: Project Expenses and Budget Justification. Budget requests should be for 12 months, assuming an April 1, 2013 start date.

Requests will be evaluated based on the alignment of the proposed budget with the scope of activities to be conducted including an appropriate overall staffing pattern and a clear and appropriate justification for each line item.

Justification for each item should be submitted in narrative form. Explain how the cost was calculated and how each item is essential to the operation of the network. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. Items that cannot be justified as integral to the operation of the network will not be allowed.

Any ineligible items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items. A list of ineligible items is included in Attachment 5 – Budget Instructions.

Final budgets will be negotiated with successful applicants and are dependent upon the availability of funds.

THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING NETWORK ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING NETWORK MEMBER ACTIVITIES.

8. Evaluation (2 pages)

Describe the network’s evaluation plan using quantitative and qualitative approaches to determine whether the objectives and expected outcomes described in the work plan have been met.

Describe data collection strategies. All data elements to be collected should be identified.

Describe the quality improvement process that project management will use to make mid-course corrections and improve performance in network activities, functions, and services based on community response and/or changes in outcomes.

9. Preference Points

Preference points must be requested on the Cover Page. Supporting documentation must be included as an attachment and will not count towards the page limit. Note that documentation must be provided for each category of preference point requested.

B. Application Format

Applications should be concise, single-spaced, use at least a 12-point type, and should not exceed 18 pages, excluding attachments.

All applications should conform to the format prescribed below. The following pages do not count towards the page limit: cover page, checklist, signature page, table of contents, work plan forms, and attachments.

Applications failing to provide all response requirements or failing to follow the prescribed format will have points deducted.

Applications must be organized as follows:

1. Cover Page

2. Checklist

3. Signature Page: All network participants should sign the signature page included in Attachment 4. The signature page may be photocopied to list additional organizations, facilities, and/or individuals.

4. Table of Contents

5. Project Summary

6. Service Area Description

7. Network Organization

8. Workplan Narrative and Forms

9. Project Management

10. Project Continuation.

11. Budget/Use of Grant Funds

12. Evaluation

13. Attachments: Append to the Network Plan any documents that demonstrate or provide evidence for the prior sections of the application.

C. Review Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the New York State Department of Health, Charles D. Cook Office of Rural Health. The value assigned to each section is an indication of the relative weight that will be given when scoring your application. A total of 100 points, including a maximum of 15 points for meeting the preferred eligibility requirements, are available.

Project Summary	(1 page)	Maximum Score: 5 points
Service Area Description	(2 pages)	Maximum Score: 5 points
Network Organization	(2 pages)	Maximum Score: 10 Points

Work Plan Narrative	(4 pages)	Maximum Score: 25 Points
Project Management	(1 page)	Maximum Score: 5 Points
Project Continuation	(1 page)	Maximum Score: 10 Points
Budget	(4 pages)	Maximum Score: 20 points
Evaluation	(2 pages)	Maximum Score: 5 points
Preferred Eligibility	(2 pages)	Maximum Score: 15 points

The review process WILL NOT use regional criteria to award grants. Applicants receiving a score above 70 will receive funding, will be considered successful, and will enter the budget negotiation process.

Once an award has been made, applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). http://www.osc.state.ny.us/agencies/gbull/g_232.htm.

Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated or to be promulgated by the Department in accordance with Executive Order 38, (“Limits on State Funded Administrative Costs and Executive Compensation”), signed in 2012.

VI. Attachments

- Attachment 1: Standard Grant Contract with Appendices
- Attachment 2: Letter of Interest Format
- Attachment 3: Application Cover Sheet
- Attachment 4: Signature Page
- Attachment 5: Budget Instructions
- Attachment 6: Application Budget Format
- Attachment 7: Work Plan Instructions
- Attachment 8: Work Plan Format
- Attachment 9: Sample Reports
- Attachment 10: Request for Waiver, Modification, or Suspension of NYS DOH Rules and Regulations
- Attachment 11: Vendor Responsibility Attestation
- Attachment 12: New York State Rural Counties and Towns

Attachment 1

Standard Grant Contract with Appendices

GRANT CONTRACT (STANDARD)

STATE AGENCY(Name and Address):

New York State Department of Health
Charles D. Cook Office of Rural Health
Empire State Plaza
Corning Tower, Room 1839
Albany, New York 12237

CONTRACT NUMBER:**ORIGINATING AGENCY GLBU: DOH01****DEPARTMENT ID: 12000****CONTRACTOR (Name and Address):****TYPE OF PROGRAM(S):**

Rural Health Network Development Program

NYS VENDOR IDENTIFICATION NUMBER:**INITIAL CONTRACT PERIOD:****FROM: 4/1/2013****TO: 3/31/2014****MUNICIPALITY NUMBER (If Applicable):****FUNDING AMT. FOR INITIAL PERIOD:****CHARITIES REGISTRATION NUMBER:**

or () EXEMPT

(If EXEMPT, indicate basis for exemption):

CONTRACTOR HAS () HAS NOT ()
TIMELY FILED WITH THE ATTORNEY
GENERAL'S CHARITIES BUREAU ALL
REQUIRED PERIODIC OR ANNUAL
WRITTEN REPORTS.

MULTI-PERIOD TERM (If Applicable):**FROM: 4/1/2013****TO: 3/31/2018**

THE CONTRACTOR Is Is Not
A Sectarian Entity ☐ ☐

THE CONTRACTOR Is Is Not
A Not-For-Profit Organization ☒ ☐

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

<u>X</u>	Appendix A	Standard Clauses as required by the Attorney General for all State Contracts
<u>X</u>	Appendix A-1	Agency-Specific Clauses
<u>X</u>	Appendix B	Budget
<u>X</u>	Appendix C	Payment and Reporting Schedule
	Appendix D	Program Workplan
<u>X</u>	Appendix X	Modification Agreement Form [to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods]

OTHER APPENDICES

	Appendix A-2	Program-Specific Clauses
<u>X</u>	Appendix E-1	Proof of Workers' Compensation Coverage
<u>X</u>	Appendix E-2	Proof of Disability Insurance Coverage
	Appendix H	Federal Health Insurance Portability and Accountability Act Business Associate Agreement
<u>X</u>	Appendix G	Notices
	Appendix ____	

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

CONTRACT NUMBER:

CONTRACTOR:

STATE AGENCY:

New York State Department of Health

By: _____

By: _____

Printed Name

Printed Name

Title: _____

Title: _____

Date: _____

Date: _____

STATE AGENCY CLARIFICATION:

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

STATE OF NEW YORK)
) SS:
County of _____)

On the _____ day of _____, _____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

STATE OF NEW YORK AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and covenants herein, the STATE and the CONTRACTOR agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT may consist of successive periods (PERIOD), as specified within the AGREEMENT or within a subsequent Modification Agreement(s) (Appendix X). Each additional or superseding PERIOD shall be on the forms specified by the particular State agency, and shall be incorporated into this AGREEMENT.
- B. Funding for the first PERIOD shall not exceed the funding amount specified on the face page hereof. Funding for each subsequent PERIOD, if any, shall not exceed the amount specified in the appropriate appendix for that PERIOD.
- C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- D. For each succeeding PERIOD of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT.

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, change in scope or change in the term, is subject to the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency requirements as stated in Appendix A-1.

- E. Any proposed modification to a contract that will result in a transfer of funds among program activities or budget cost categories, but does not affect the amount, consideration, scope or other terms of such contract must be submitted to OSC for approval when:

The amount of the modification is equal to or greater than ten percent of the total value of the contract for contracts of less than five million dollars; or

The amount of the modification is equal to or greater than five percent of the total value of the contract for contracts of more than five million dollars.

- F. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Work plan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.
- G. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.
- H. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

II. Payment and Reporting

- A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE'S designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.
- B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.
- C. The CONTRACTOR shall meet the audit requirements specified by the STATE.
- D. The CONTRACTOR shall provide complete and accurate billing vouchers to the Agency's designated payment office in order to receive payment. Billing vouchers submitted to the Agency must contain all information and supporting documentation required by the Contract, the Agency and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.
- E. In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules, regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.
- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

IV. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claim, demand or application to or for any right based upon any different status.

V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules or regulations, or as stated in Appendix A-2.

VI. Safeguards for Services and Confidentiality

- A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
- B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
- C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained in confidence and used only for the purposes intended under the contract and in conformity with applicable provisions of laws and regulations, and as may be specified in Appendix A-1.

STANDARD CLAUSES FOR NYS CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licenser, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6.a).

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in

hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of any State approved sums due and owing for work done upon the project.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance

of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY

NOTIFICATION. (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active

efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.

The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES. In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992. It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
30 South Pearl St -- 7th Floor
Albany, New York 12245
Telephone: 518-292-5220
Fax: 518-292-5884
<http://www.empire.state.ny.us>

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
30 South Pearl St -- 2nd Floor
Albany, New York 12245
Telephone: 518-292-5250
Fax: 518-292-5803
<http://www.empire.state.ny.us>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS. Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW. If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded the contract, the Department of Civil Service and the State Comptroller.

24. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

**APPENDIX A-1
(REV 10/12)**

**AGENCY SPECIFIC CLAUSES FOR ALL
DEPARTMENT OF HEALTH CONTRACTS**

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certifies that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
 - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
 - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
 - ii. For a nonprofit organization other than
 - ◆ an institution of higher education,
 - ◆ a hospital, or
 - ◆ an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
 - iii. For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
 - iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.
 - b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.
 - c. The CONTRACTOR shall comply with the following grant requirements regarding audits.
 - i. If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.
 - ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the

CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.

- d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
 - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
 - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
 - iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.
4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.
 - a. LOBBYING CERTIFICATION
 - i. If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.
 - ii. The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.
 - iii. This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.
 - a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:
 - ◆ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection

with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.

- ◆ If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- c) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 2701, Albany, 12237-0016.
- d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.
- iv. The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:
 - a) Payments of reasonable compensation made to its regularly employed officers or employees;
 - b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
 - c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1) APPENDIX B TO 45 CFR PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d) The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules Implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.

- g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.
 - h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
 - i) Except for transactions authorized under paragraph "e" of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
- a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.
 - b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.
7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.
10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.
11. Where the State does not provide notice to the NOT-FOR-PROFIT CONTRACTOR of its intent to not renew this contract by the date by which such notice is required by Section 179-t(1) of the State Finance Law, then this contract shall be deemed continued until the date that the agency provides the notice required by Section 179-t, and the expenses incurred during such extension shall be reimbursable under the terms of this contract.

12. Other Modifications

- a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:
 - ◆ Appendix B - any proposed modification to the contract which results in a change equal to or greater than 10 percent (for contracts less than five million dollars) or 5 percent (for contracts more than five million dollars) to the total contract value must be submitted to OSC for approval;
 - ◆ Appendix C - Section 11, Progress and Final Reports;
 - ◆ Appendix D - Program Workplan will require OSC approval.
 - b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.
13. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:
- a. Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:
 - **CE-200** -- Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
 - **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance
 - b. Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:
 - **CE-200**, Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - **DB-120.1** -- Certificate of Disability Benefits Insurance OR
 - **DB-155** -- Certificate of Disability Benefits Self-Insurance
14. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.
15. All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.
16. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

NOTICES

All notices permitted or required hereunder shall be in writing and shall be transmitted either:

- (a) via certified or registered United States mail, return receipt requested;
- (b) by facsimile transmission;
- (c) by personal delivery;
- (d) by expedited delivery service; or
- (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time to time designate:

State of New York Department of Health

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Insert Vendor/Grantee Name Here

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.

The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this AGREEMENT by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representative for the purposes of receiving notices under this AGREEMENT. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems, and/or for dispute resolution.

APPENDIX B
BUDGET
(Sample Format)

Vendor/Organization Name:

Budget Period (month/day/year): _____ (Commencing on) through (Ending on) _____

Personal Service

<u>No. of Positions</u>	<u>Title</u>	<u>Annual Salary</u>	<u>% Time Devoted to This Project</u>	Total Amount Budgeted from NYS
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Total Salary

Fringe Benefits (Specify Rate)

Total Personal Services

Other Than Personal Service

Supplies

Travel

Insurance

Telephone

Postage

Contractual Services (*attach sheet describing work to be performed and estimated costs*)

Equipment (*attach sheet listing the equipment and the estimated cost*)

Other (*attach sheet specifying – e.g., meeting expenses, photocopy, etc.*)

Total Other Than Personal Service

GRAND TOTAL

Federal funds are being used to support this contract. Code of Federal Domestic Assistance (CFDA) numbers for these funds are: **(required)**

APPENDIX C

PAYMENT AND REPORTING SCHEDULE

I. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed ____ percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

- the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or, if renewed, in the PERIOD identified in the Appendix X, OR
- if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that the STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE'S designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

- the end of the first (**monthly or quarterly**) period of this AGREEMENT; or
- if this contract is wholly or partially supported by federal funds, availability of the federal funds;

provided, however, that a proper voucher for this payment has been received in the STATE'S designated payment office.

- B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.
- C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.
- D. The CONTRACTOR shall provide complete and accurate billing vouchers to the Agency's designated payment office in order to receive payment. Billing vouchers submitted to the Agency must contain all information and supporting documentation required by the Contract, the Agency and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at

www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix, below. In addition, a final report must be submitted by the CONTRACTOR no later than ____ days after the end date of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE (*monthly or quarterly*) voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the _____.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than _____ days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

- G. If the CONTRACTOR is eligible for an annual cost of living adjustment (COLA), enacted in New York State Law, that is associated with this grant AGREEMENT, payment of such COLA shall be made separate from payments under this AGREEMENT and shall not be applied toward or amend amounts payable under Appendix B of this Agreement.

Before payment of a COLA can be made, the STATE shall notify the CONTRACTOR, in writing, of eligibility for any COLA. The CONTRACTOR shall be required to submit a written certification attesting that all COLA funding will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the State fiscal year for which the cost of living adjustment was allocated, or provide any other such certification as may be required in the enacted legislation authorizing the COLA.

II. Progress and Final Reports

Organization Name: _____

Budget Period: _____

Insert Reporting Requirements in this section. Provide detailed requirements for all required reports including type of report, information required, formatting, and due dates. Please note that at a minimum, expenditure reports (to support vouchers) and a final report are required. Expenditure reports should include all appropriate documentation to support expenses incurred and being claimed (e.g., invoices, receipts, proof of payments, payroll registers, etc.) The final report should report on all aspects of the program/project, detailing how the use of grant funds were utilized in achieving the goals and/or deliverables set forth in the Workplan. Other commonly used reports include:

- A. Narrative/Qualitative Report - This report properly determines how work has progressed toward attaining the goals enumerated in the Program Workplan (Appendix D). Note: this report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.
- B. Statistical/Quantitative Report – This report analyzes the quantitative aspects of the program plan, for example: meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.

Appendix D
PROGRAM WORKPLAN
(sample format)

A well written, concise workplan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. When a contractor is selected through an RFA or receives continuing funding based on an application, the proposal submitted by the contractor may serve as the contract's workplan if the format is designed appropriately. The following are suggested elements of an RFA or application designed to ensure that the minimum necessary information is obtained. Program managers may require additional information if it is deemed necessary.

I.CORPORATE INFORMATION

Include the full corporate or business name of the organization as well as the address, federal employer identification number and the name and telephone number(s) of the person(s) responsible for the plan's development. Documentation demonstrating whether the contractor is a not-for-profit or governmental organization should also be included. All not-for-profit organizations must include their New York State charity registration number; if the organization is exempt AN EXPLANATION OF THE EXEMPTION MUST BE ATTACHED.

II.SUMMARY STATEMENT

This section should include a narrative summary describing the project which will be funded by the contract. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

III. PROGRAM GOALS

This section should include a listing, in an abbreviated format (i.e. bullets), of the goals to be accomplished under the contract. Project goals should be as quantifiable as possible, thereby providing a useful measure with which to judge the contractor's performance.

IV.SPECIFIC DELIVERABLES

A listing of specific services or work products should be included. Deliverables should be broken down into discrete items which will be performed or delivered as a unit (i.e. a report, number of clients served, etc.). Whenever possible a specific date should be associated with each deliverable, thus making each expected completion date clear to both parties.

Language contained in Appendix C of the contract states that the contractor is not eligible for payment “unless proof of performance of required services or accomplishments is provided.” The workplan as a whole should be structured around this concept to ensure that the Department does not pay for services that have not been rendered.

GLBU: DOH01

APPENDIX X

Contract Number:	Contractor:
Amendment Number X -	Department ID:

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through the New York State Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- ☐ Modifies the contract period at no additional cost
- ☐ Modifies the contract period at additional cost
- ☐ Modifies the budget or payment terms
- ☐ Modifies the workplan or deliverables
- ☐ Replaces appendix(es) _____ with the attached appendix(es) _____
- ☐ Adds the attached appendix(es) _____
- ☐ Other (describe) _____

This amendment *is* ____ *is not* ____ a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$ _____ From ____ / ____ / ____ To ____ / ____ / ____
(Value before amendment)

This amendment provides the following modification (complete only items being modified):

\$ _____ From ____ / ____ / ____ To ____ / ____ / ____

This will result in new contract terms of:

\$ _____ From ____ / ____ / ____ To ____ / ____ / ____
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number:	Contractor:
Amendment Number X -	Department ID:

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

STATE OF NEW YORK)
) **SS:**
County of _____)

On the _____ day of _____, _____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary)

STATE AGENCY SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name

Title: _____

STATE AGENCY CLARIFICATION:

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

ATTORNEY GENERAL'S SIGNATURE

By: _____
Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____
Date: _____

Attachment 2

Rural Health Network Development Program
Letter of Interest

Rural Health Network Development Program
Letter of Interest

All requested information must be supplied on this form. If necessary, the signature page can be photocopied to include additional facilities, agencies, organizations, or individuals.

To: Karen A. Madden, Director
Charles D. Cook Office of Rural Health

From:

Title:

Network:

Address:

Date:

The above network is submitting this letter of interest to apply for a grant under the Rural Health Network Development Grant Program.

E-mail correspondence should be directed to: _____, using this e-mail address: _____.

Network Chairperson

Signature

Printed Name

Phone Number

Network Director

Signature

Printed Name

Phone Number

Attachment 3
Rural Health Network Development Program
2012 Grant Application Cover Sheet

All requested information must be supplied on this form.

Applicant: _____

Network: _____

Contacts

Applicant

Network

Contact

Contact

Title

Title

Address

Address

()

()

Phone

Phone

Email

Email

Preferred Eligibility

Points Requested

☐ Formal Agreements

☐ Governance

☐ Network Services

Rural Health Network Development Program Application Checklist

Please check off each section as you include it in your grant application and return this sheet, signed, with your application.

- ☐ Cover Sheet
- ☐ Checklist
- ☐ Signature Page
- ☐ Table of Contents
- ☐ Project Summary
- ☐ Service Area Description
- ☐ Network Organization
- ☐ Work Plan Narrative and Forms
- ☐ Project Management
- ☐ Project Continuation
- ☐ Budget/Use of Grant Funds
- ☐ Evaluation
- ☐ Attachments: Append to the Network Plan any documents that demonstrate or provide evidence for the prior sections of the application.

Signature of Network Chairperson

Date

Network Service Area (by county or town if necessary):

Vendor Identification Number: _____

State Registered Charitable Organization Number: _____

Total Amount Requested: _____

I, _____, for and on behalf of the applicant organization(s), signify that the following information is true and accurate to the best of my knowledge and that the above named network/organization agrees to abide by the terms of this application and is fully able and willing to carry out the terms of the project.

Signature

Title

Date

Attachment 4

Rural Health Network Development Program
2012 Grant Application Signature Page

**Rural Health Network Development Program
2012 Grant Application Signature Page**

Participating Organizations, Facilities, Individuals*

Network: _____

<hr/> <div>Name</div> <hr/> <div>Title</div> <hr/> <div>Address</div> <div>_____</div> <div>_____</div> <hr/> <div>County</div> <hr/> <div>Phone</div> <div style="text-align: center;">Fax</div>	<hr/> <div>Name</div> <hr/> <div>Title</div> <hr/> <div>Address</div> <div>_____</div> <div>_____</div> <hr/> <div>County</div> <hr/> <div>Phone</div> <div style="text-align: center;">Fax</div>
<hr/> <div>Name</div> <hr/> <div>Title</div> <hr/> <div>Address</div> <div>_____</div> <div>_____</div> <hr/> <div>County</div> <hr/> <div>Phone</div> <div style="text-align: center;">Fax</div>	<hr/> <div>Name</div> <hr/> <div>Title</div> <hr/> <div>Address</div> <div>_____</div> <div>_____</div> <hr/> <div>County</div> <hr/> <div>Phone</div> <div style="text-align: center;">Fax</div>

*If needed, photocopy this page for additional organizations, facilities, and/or individuals

Attachment 5

Rural Health Network Development Program Budget Instructions

Applicants should use the budget forms provided. The budget work sheets include two forms: Project Expenses and Budget Justification. Both forms should be completed. These forms may be photocopied, as necessary. Budget requests should be for one year only and should relate directly to activities described in the project narrative and work plan. Only administrative costs directly related to the project activities will be considered for funding. No direct health care services will be funded by this program.

Follow these directions for completing the budget work sheets:

Budget Form One – Project Expenses

- When completing the “Network/Contract Organization,” list the name of the network and/or the name of the institution that will be signing the contract.
- Identify the amount of grant funds requested for one year and specify, by objective and line item, how the grant will be spent during the contract period. Use one column per objective. Add or delete columns as needed.
- Applicants may use grant funds for technical assistance. Funds may be used for subcontracting with an independent consultant for legal fees and feasibility studies, for example, and for other substantive aspects of the project.
- Allowable expenses include appropriate staff, equipment, travel, supplies, telephone/internet, printing, postage, consultant, accounting and legal fees. It is expected that successful applicants will attend one statewide program meeting during the year. The costs of attending this meeting should be included in the proposed budget.

Budget Form Two (Budget Justification)

- Justify the grant amount requested by objective. Explain why each item listed in the budget under the objective is necessary.

Ineligible Items

- Budget items related to the direct provision of services.
- Mini-grants, or other funds, to network members for activities that are not related to network objectives.
- Mini-grants, or other funds, to network members or other organizations for said organizations existing activities.
- Budget items that are not related to the network’s specific objectives.
- Food and beverages.
- Miscellaneous items.

Attachment 6

Rural Health Network Development Program
Budget Forms

Rural Health Network Development Program
Budget Form 1
Amount Requested from NYS

Applicant:

Network:

Contract Period: April 1, 2012 – March 31, 2013

Budget by Objective

Objectives

							Total Requested From NYS
Personnel							
Subtotal Personnel							
Non-Personnel							
Consultants							
Equipment							
Supplies							
Rent							
Utilities							
Meeting Expenses							
Travel							
Advertising/Marketing							
Telephone/Internet							
Other (must be specified)							
Subtotal							
Grand Total							

Rural Health Network Development Program

**Budget Form Two
Budget Justification**

Applicant:

Network:

Contract Period:

Objective/Outcome	Justification

Attachment 7

Rural Health Network Development Program Workplan Instructions

Applicants should use the workplan forms provided. A workplan should be completed for each objective. Activities should have expected process measures and outcome measures as defined below. Time frames should be listed using months.

Process Measure: Process measures are a measure of performance. Process measures can provide real-time feedback that can be acted upon mid-stream. This is a way to show the progress of an activity.

Outcome Measure: Outcome measures are a measure of the results relative to the objective. Think of outcome measures as being a measure of success/failure, they indicate whether the activities enacted affected the objective.

Attachment 8

Rural Health Network Development Program 2012 Workplan

**Rural Health Network Development Program
Work Plan**

Applicant:

Network:

Contract Period:

Statement of Objective

Activities	Time Frame	Responsible Party	Process Measure	Outcome Measure

Attachment 9

Rural Health Network Development Program
2012 Sample Report

Progress Report

Contract Period: _____ to _____

Reporting Period: _____ to _____

Contract#:

Contractor:

Network:

Project Manager:

Barriers/Obstacles/Problems – Cite Objective and Activity

Objective	Activity	Process Measure Progress	Outcome Measure Progress

Executive Summary Report

Network:

Contract #:

Contract Period: _____ **to** _____

Reporting Period: _____ **to** _____

Barriers/Obstacles/Problems – Cite Objective and Activity

Network:
Contract #:

Contract Period: _____ **to** _____
Reporting Period: _____ **to** _____

Attachment 10

Request for Waiver, Modification, or Suspension of
New York State Department of Health Rules and Regulations

Request for Waiver, Modification, or Suspension of New York State Department of Health Rules and Regulations

The New York Health Care Reform Act of 2000 enables regulatory flexibility by authorizing the commissioner to waive, modify, or suspend the respective provisions of rules and regulations pursuant to State Public Health Law “for the successful implementation of the Rural Health Network Development Grant Program and provided that the commissioner determines that the health, safety and general welfare of people receiving health care will not be impaired as a result of such waiver, modification, or suspension.” Authorization applies only to New York State Department of Health rules and regulations and does not extend to Public Health Law. The Department of Health procedure for review of a request for waiver, modification, or suspension of Department rules and regulations is as follows:

- 1) The New York State Office of Rural Health will review the request and may consult with professional organizations appropriate to the rule or regulation.
- 2) If the request is found to meet the two criteria for waiver, modification, or suspension (*i.e.*, does not adversely affect the health, safety, and general welfare of people receiving health care and does not counter Public Health Law), it will be forwarded to the Department’s Division of Legal Affairs (DLA).
- 3) If the request is found to meet its approval, the DLA will forward it to the commissioner.
- 4) If the request does not meet the required criteria or the approval of the DLA, the Office of Rural Health will work with the network to determine if the requested waiver, modification, or suspension is appropriate.
- 5) The commissioner will respond by letter to the network indicating approval or disapproval of the proposed waiver, modification, or suspension.
- 6) If approved by the commissioner, the waiver, modification, or suspension will be effective for two years.

If requesting waiver authority that extends outside of the Department’s purview, contact the New York State Office of Rural Health. The Office can offer assistance in working with federal, state, and local officials with respect to securing their cooperation in coordinating related programs and regulatory waivers.

Network Information

- 1) Network: _____
- 2) Description of Network Service Area (include counties and towns):

Description of Action Requested and Justification

3) What type of action does the network request?

☐ Waiver ☐ Modification ☐ Suspension

4) Identify the specific Department of Health rule(s) and/or regulation(s) for waiver, modification, or suspension?

5) Identify the facility(ies) and/or provider(s) that will be directly affected by this proposed action:

6) Explain the need for this action:

7) Describe how approval of this action will contribute to the successful implementation of the network:

- 8) How will this action impact both positively and negatively, the community, professionals, and facilities within the network's service area (specify both potential negative and positive impacts)?

Network Evaluation and Renewal of Request

If the proposed action is approved, at the end of two years, the network must submit an evaluation report that provides evidence of how the action influenced the success of the network and improved the health care system. Extension of the waiver, modification, or suspension beyond two years requires a request for renewal submitted to the New York State Office of Rural Health.

- 9) Describe, in detail, the network's plan for evaluating the impact of the waiver on the network and on the community, specifically how the action influenced the network's success and improved the community's health care system:

- 10) Describe, in detail, the mechanisms and procedures for monitoring the impact of the proposed action on the health, safety, and general welfare of the people receiving health care:

Optional Information (Professional Organizations)

- 11) Has the network forwarded a copy of this request to the appropriate professional organization(s)? _____

If yes, identify to which organizations the request was sent and if letters of support from these professional organizations are attached or forthcoming?

Network Assurances

- 12) What assurances can the network provide that such action will not counter Public Health Law?

- 13) What assurances can the network provide that the quality of health care, patient rights, and informed consent will not be negatively impacted by this action?

Attachment 11

Rural Health Network Development Program
Vendor Responsibility Attestation

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, H. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- ☐ An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- ☐ A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.
- ☐ A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

Attachment 12

Rural Health Network Development Program New York State Rural Counties and Towns

To be eligible for grant awards, applicants must be members of an existing or proposed rural health network and currently provide services to residents of rural areas. The following list identifies the counties in New York State that have been designated rural for the purposes of this request for proposals.

New York State Rural Counties (Population less than 200,000)

Allegany	Delaware	Lewis		
Cattaraugus	Essex	Livingston	Rensselaer	Tioga
Cayuga	Franklin	Madison	Schenectady	Tompkins
Chautauqua	Fulton	Montgomery	Schoharie	Ulster
Chemung	Genesee	Ontario	Schuyler	Warren
Chenango	Greene	Orleans	Seneca	Washington
Clinton	Hamilton	Oswego	St. Lawrence	Wayne
Columbia	Herkimer	Otsego	Steuben	Wyoming
Cortland	Jefferson	Putnam	Sullivan	Yates

New York State Counties with Towns of Fewer than 200 Persons Per Square Mile

Albany	Pine Plains	Riga	Marshall	Hamptonburgh
Berne	Rhinebeck *	Rush	Paris	Minisink
Coeymans	Stanford	Wheatland	Remsen	Tuxedo
Knox	Union Vale		Sangerfield	Wawayanda
New Scotland	Washington	Niagara	Steuben	
Rensselaerville		Cambria	Trenton	
Westerlo	Erie	Hartland	Vernon	
	Brant	Newfane	Verona	Saratoga
Broome	Boston *	Pendleton	Vienna	Charlton
Barker	Cattaraugus	Porter *	Western	Corinth
Binghamton	Reservation	Royalton	Westmoreland	Day
Colesville	Colden	Somerset		Edinburg
Fenton *	Collins	Tuscarora	Onondaga	Galway
Kirkwood	Concord	Reservation	Elbridge	Greenfield
Lisle	Eden	Wilson	LaFayette	Hadley
Maine	Holland		Marcellus	Northumberland
Nanticoke	Marilla	Oneida	Onondaga	Providence
Sanford	Newstead	Annsville	Reservation	Saratoga
Triangle	North Collins	Augusta	Otisco	Stillwater
Windsor	Sardinia	Ava	Pompey	
	Tonawanda	Boonville	Skaneateles	Suffolk
Dutchess	Reservation	Bridgewater	Spafford	Shelter Island
Amenia	Wales	Camden	Tully	
Clinton		Deerfield		Westchester
Dover	Monroe	Florence	Orange	North Salem *
Milan	Clarkson	Floyd	Crawford	Pound Ridge *
North East	Hamlin *	Forestport	Deerpark	
Pawling	Mendon	Lee	Greenville	

* Towns with Between 200 and 250 Persons Per Square Mile. Approval by the Commissioner is required for towns of this size.

Updated September 2012